Dermatology for faculty

- disorders
  - melanocytes
    - vitiligo
      - Itching , pain and burning sensation don't occur in vitiligo
      - Vitiligo may be confused with Pityriasis alba, Leprosy and Pityriasis versicolor
      - Vitiligo is complete absence of melanocytes from skin
      - scalp may be affected in vitiligo
      - the primary lesion of vitiligo is a milky white macule
      - vitiligo may be associated with alopecia areata
      - Phototherapy may be used in treatment of vitiligo
      - Vitiligo doesn't affect oral mucosa
      - The main complaint in vitiligo is discoloration
      - Types of vitiligo are focal, unilateral, generalized and universal
      - Vitiligo is a noninfectious disease
      - In generalized vitiligo, white macules are scattered all over the body
      - Phototherapy may be used in treatment of vitiligo
      - Pityriasis rosea, urticaria, vitiligo and acne aren't contagious diseases.
      - Vitiligo confused with: pityriasis versicolor- pityriasis alba-leprosy
      - Complete absence of melanocytes from the skin will show Vitiligo.
      - Vitiligo:no itching-scalp may be affected-family history may be +ve -milky white macules
      - vitiligo is an autoimmune disease may be associated with alopecia areata
      - Vitiligo may affect oral mucosa, scalp, penis, areola
      - The main complaint in vitiligo is discoloration
      - In generalized vitiligo, white macules are scattered all over the body
      - Vitiligo doesn't present by itching-pain-burning sensation
      - Milky white macules of gradual onset and progressive course on dorsa of hands and feet?:vitiligo,treated by phototherapy
  - sebaceous gland
    - acne
      - Acne vulgaris is a disease of pilosebaceous follicles
      - Acne vulgaris commonly affects the face
      - Acne vulgaris can be treated by oral tetracyclines
      - benzoyl peroxide is used in treatment of acne vulgaris
      - Acne vulgaris presents with a polymorphic eruption on the face of comedones, papules, pustules, many nodules and cysts BUT NOT vesicles.
      - Topical retinoids is the treatment of choice in acne vulgaris
      - Patient with mild acne may present with come donee with no or mild pustulations on face
      - Drug eruptions may be: eczematous, Acneiform, Pigmented
      - Acne vulgaris lesions: comedone, papule, pustule, nodule, cyst (not vesicles)
      - Cutaneous drug reactions : acneiform eruption-lichenoid eruption-bullous eruption-erythroderma
      - Laser used to treat: warts-molluscum contagiosum-acne scars
      - Benzoyl peroxide is used in treatment of acne vulgaris:(not Scabies.- Pediculosis-impetigo.- Phthirus pubis.)
      - A 15 years old male with comedones, papules and pustules on his chest, face and back? moderate acne
      - Lesions in acne vulgaris: papule, pustule, cyst, nodule(not vesicle)
      - Acne vulgaris :increased proliferation of keratinocytes, chronic inflammation of pilosebaceous unit
      - A patient with comedones with few or no papules on his face has mild acne
      - Treatment of severe acne (comedones with papules, pustules, nodules and cysts): oral retinoids
  - hair follicle
    - alopecia
      - Cicatricial alopecia isn't a clinical type of psoriasis
      - Kerion has no systemic manifestations and if untreated causes cicatricial alopecia.
      - scarring alopecia may be due to Discoid L.E, lichen Planus or favus
      - Alopecia areata doesn't cause cicatricial alopecia
      - Ophiasis is Marginal alopecia of the scalp
      - alopecia totalis is loss of all scalp hair
      - Alopecia areata is patchy asymptomatic non scarring sudden complete loss of hair in circumscribed ares in scalp
      - Discoid lupus erythematosus may cause cicatricial alopecia
      - Kerion is a boggy swelling simulating an abscess, may lead to cicaricial alopecia (not Staph infection of hair follicle- not associated with systemic manifestations)
      - Scarring alopecia due to discoidLE-lichen planus-favus
      - Cutaneous lesions of LE :malar erythema-non cicatricial alopecia-photosensitivity-discoid lesions
      - Cicatricial alopecia due to:discoid LE-lichen planus-favus-kerion(not alopecia areata)
      - Signs of discoid LE: erythema-telengiectasia-atrophy and scarring- cicatricial alopecia -adherent scales-dilated pilosebaceous orifices(stippling sign)
      - Marginal alopecia of the scalp : Ophiasis
      - alopecia areata: circumscribed area of complete hair loss in scalp(non-scarring sudden), best treated by ?
      - alopecia totalis is loss of all scalp hair
- eczema = dermatitis
  - scaly
    - atopic
      - atopic eczema in children: itchy papules in flexures and sides of neck
      - Atopic eczema may present with groups of itchy papules involving the flexures and sides of the neck
      - bilateral = erythema, vesiculation and oozing of cheeks of a 2 months old baby is atopic dermatitis (atopic eczema)
      - Atopic dermatitis :pruritis is one of major criteria
      - atopic dermatitis may present with bilateral erythema, elevated serum IgE, vesiculation, and oozing of the cheeks in a 2-month old baby
      - pruritis is one of major criteria of atopic dermatitis
    - contact
  - seborrhic
  - mis
    - Eczema herpeticum isn't a sexually transmitted disease
    - In acute eczema: erythema, oozing, vesicles, crusting (not lichenification)
    - chronic eczema is characterized by lichentification
    - Lichenification doesn't occur in acute eczema
    - Pruritis in: scabies- urticaria- atopic dermatitis-lichen planus-eczema- tinea circinata
    - Chronic eczema is characterized by lichenification
    - Complications of herpes simplex: Erythema multiforme- Eczema herpeticum- Corneal ulcers- Impetigo.
    - Allergic contact dermatitis isn't an endogenous eczyma
- allergic
  - urticaria
    - Histamine is the chief mediator in urticaria
    - Papular urticaria involves both humoral and cell-mediated immune responses
    - Mucous membrane affection doest occur in papular urticaria
    - Itching is a cardinal symptom in scabies, urticarial, atopic dermatitis and lichen planus
    - Mucous membranes aren't affected in papular urticaria
    - Histamine is a chief mediator in urticaria
    - Papular urticaria Involves both humoral and cell-mediated immune responses.
    - Severe urticaria is treated by IV corticosteroids
    - Papular urticaria doesn't affect mucous membranes
    - Papular urticaria Involves both humoral and cell-mediated immune responses
    - Sc adrenaline is life saving in cases of acute urticaria
    - Mucous membranes are affected in chicken pox, leprosy, warts, lichen planus and NOT popular urticaria
    - Male patient, 25 years old, presented with itchy red edematous skin lesions all over his trunk, lip edema and tongue swelling with difficulty in breathing? Urticaria(angioedema)save his life by parental corticosteroids and subcutaneous adrenaline
  - hypersensitivity
    - erythema multiforme
      - Iris lesion is the characteristic lesion of erythema multiforme
      - Iris lesion is the characteristic lesion of erythema multiforme
      - Erythema multiforme may be precipitated by Herpes simplex infection, drugs ,Internal malignancy ,Pregnancy.
      - Mucous membrane affection occurs in: erythema multiforme-varicella-herpes simplex-drug eruption-angioedema-lichen planus-discoid LE-leprosy-warts
    - drug eruption
      - Drug eruptions may be erythematous , acneiform , fixed pigmented, urticaria and photosensitive reactions
      - Patient had fever and sore throat received sulphamethoxazole-trimethoprim, developed permanganate-colored macule on his lip?fixed drug eruption
      - Fixed drug Eruption is named so because it is fixed to site and drug
      - Fixed drug eruption may be a permanganate colored macule on lip after sulmethoxazole-trimethoprim intake
      - Fixed drug eruption is so called as its fixed to drug and site
    - mis
      - Allergic contact dermatitis Is an immunological reaction
      - salicylates arent used in treatment of angioedema
- MIS
  - Vulgaris means most common
  - Melanocytes aren't a skin appendage
  - Wheals are Evanescent elevations of the skin caused by oedema of the dermis
  - Cutaneous examination includes skin, hair, nails and mucous membranes
  - Skin is considered endocrine, secretory, defense and an excretory organ
  - Papule is A solid elevation of the skin, less than 5 mm. in diameter
  - scales and upon removal of the scales bleeding points may be observed
  - a cyst is a collection of fluid in the skin with a defined histological wall
  - crusts are dry or greasy laminated masses of keratin
  - Well-defined flat-topped, polyangular, violaceous, Itchy papules are the
  - Subcutaneous adrenaline is life saving in patients suffering from angioedema
  - The Keratinous cell layer is the uppermost layer of the epidermis
  - A wheal is an edematous lesion
  - Scaly ringworm in a child may present with localized area of hair loss with short stumps of hairs and scales at the lesion
  - Keratocyte is the main cell of the epidermis
  - Human papilloma virus doesn't affect neural tissue
  - A nodule is a dermal lesion
  - Burrow is a tunnel in the epidermis
  - A wheal is an edema tours not a vesicular lesion
  - Features of pityriasis rubra pilaris: scaly scalp, nail affection, psoriasiform patches, Follicular hyperkeratosis
  - Skin appendages include sebaceous glands-hair follicles-apocrine sweat gl-eccrine sweat gl-nails(not melanocytes)
  - Evanescent elevations of skin caused by edema of dermis are wheals
  - Acute oozing treated by lotions
  - Cutaneous examination includes examination of :skin-hair-nails-mucous membrane
  - Skin is considered: endocrine organ-secretory organ-defense organ-excretory organ
  - Solid elevation of skin <5mm in diameter is papule
  - Dry or greasy laminated masses of keratin are scales
  - collection of fluid in skin with a defined histological wall is a cyst
  - Upper most layer of epidermis is keratinous cell layer
  - A wheal is an edematous lesion
  - Child with circumscribed area of hair loss, short stumps of hairs and scales: scaly ring worm
  - The main cell of epidermis is called keratinocyte
  - Squamous cells are found in epidermis
- cutaneous manifestation of internal dis
  - TB
    - Erythema nodosum precipitated by: TB infection-strept infection-drugs
    - Scrofuloderma is a type os cutaneous TB where there is breakdown of skin overlying bone-lymph gland-joint
    - Types of cutaneous TB: scrofuloderma-TB verrucosa cutis-lupus vulgaris-lichen scrofulosorum
    - Scrofuloderma is a type of cutaneous T.B. where there is breakdown of the skin overlying bone , lymph gland and joint
- Infection
  - bacterial
    - Impetigo
      - Impetigo contagiosum doesn't include gangrenous impetigo
      - Bullous impetigo is caused by staphylococci
      - ecthyma is not crushed impetigo- circinate impetigo- Bullous impetigo.- Bockhart impetigo
      - Bacterial infections: impetigo-erythrasma-erysipelas-furuncles-cellulitis (not kerion)
      - Types of impetigo contagiosum:ordinary, bullous, ulcerative, circinate
      - The most frequent complication of impetigo contagiosum is rheumatic fever
      - Ecthyma is a Crusted (ulcerative) impetigo.
    - erysipelas
      - Erysipelas is Streptococcal infection of the dermis
      - Erysipelas may present with ll lymphedema ,fever, lethargy and well defined swollen erythematous tender areas affecting one leg
      - erysipelas may be predisposed by lymphedema or complicated by lymphedema, marked edema with blistering may be observed
      - Erysipelas is a strept infection of dermis
      - Obese female with LL lymphedema presented with well-defined erythematous swollen tender area on right leg,fever and lethargic?erysipelas
    - cellulitis
    - erythrasma
      - Candida doesn't cause erythrasma
      - Woods light is used for diagnosis of Tinea versicolor, erythrasma and favus
      - Wood's light helps in the diagnosis of erythrasma
      - Wood's light used in diagnosis of: tinea versicolor-erythrasma-favus
      - Scaly diseases: tinea versicolor-erythrasma-psoriasis-pityriasis rosea
      - Lesion in groin area of few months duration in a diabetic obese patient,reddish brown patches covered with fine scales?erythrasma>wood's light shows coral red fluorescence
    - hair follicle
      - follicolitis
      - furuncle
      - carbuncle
        - Carbuncle is that Multiple deep boils open on the skin surface by multiple fistulae.
  - viral
    - HS
      - Herpes simplex ,drugs,internal malignancy and pregnancy are precipitating factors of erythema multiforme
      - Complications of herpes simplex: Erythema multiforme- Eczema herpeticum- Corneal ulcers- Impetigo.
      - Eye may be affected in herpes simplex or zoster
      - Microorganisms with predilection for neural tissue: varicella zoster virus, herpes simplex virus type I&II, lepra bacilli(not human papilloma virus)
      - Herpes simplex: bilateral grouped vesicles on erythematous base on lips preceded by burning sensation
      - A crust may be formed in herpes simplex
      - The eye may be affected by herpes simplex not in lichen planus, pityriasis rosea or psoriasis
      - Herpes simplex is genital and nongenital
      - Herpes simplex may present with bilateral grouped vesicles on erythematous base on lips preceded by burning sensation
      - Herpes simplex may affect the eye
      - Herpes simplex is genital and non genital
      - A crust may be seen in herpes simplex
    - HZ
      - Herpes zoster may be a manifestation of internal malignancy if occurs bilaterally
      - Herpes zoster: 1ry lesion is vesicle, preceded by pain, unilateral, heals with scar(nonrecurrent.>recurrence indicate internal malignancy)
      - Herpes zoster isn't treated by systemic acyclovir
      - An adult patient with unilateral grouped vesicles along the distribution of one or more sensory nerves is suffering from herpes zoster
      - one attack can give immunity for herpes zoster
      - Herpes zoster may be a manifestation of internal malignancy if occurring bilaterally
      - The primary lesion of herpes zoster is a vesicle
      - Herpes zoster is unilateral disease, preceded by pain, heals with a scar with a lifelong immunity.
      - adult patient with unilateral grouped vesicles along the distribution of one or more sensory nerves: Herpes zoster.
      - One attack gives solid immunity for herpes zoster
    - VZ
    - warts = verrucae
      - Cancer cervix is a complication of female genital warts
      - Warts aren't treated by intralesional steroids.
      - Koebners phenomenon is present in psoriasis, lichen planus and plane warts.
      - Common warts are Verrucae vulgaris
      - warts may be sexually transmitted
      - Warts can be treated by : Laser, Cryotherapy,Electrocautery, Autosuggestion.
      - sexually transmitted diseases: Mollascum contagiosun,.warts, Herpes progenitlis., Condyloma accuminata, Phthyrus pubis.
      - Verrucae vulgaris are common warts
      - Warts treated by: laser-cryotherapy-electrocautry-autosuggestion
      - verruca vulgaris and lupus erythematosus aren't cutaneous TB infections.
    - mollusecum contagiosum
      - Herpes progenitalis, Condyloma acuminate and Molluscun contagiosum are sexually transmitted skin diseases
      - Steroids aren't used in the treatment of molluscum contagiosum
      - Molluscum contagiosum treated by: electrocautry, carbolic acid, cryotherapy, laser
      - Male patient complains of genital skin lesions of gradual onset and progressive course,cheesy-like white material can be expressed,papules are umbilicated and white pearly?molluscum contagiosum
  - fungal
    - tinea
      - griseofulvin is effective in tinea corporis not tinea versicolor
      - pruritis isn't a symptom of tinea cicinata
      - Tinea capitis types are scaly, black-dot, kerion and favus
      - Tinea circinata is the differential diagnosis of herald patch on the trunk
      - Griseofulvin treat: tinea circinata(corporis)-tinea pedis-onychomycosis-tinea capitis(not tinea versicolor)
      - oval skin lesion showing outer erythema, intermediate scaling and inner healing centre is called tinea circinata
      - dose of griseofulvin is 12.5mg/kg/day , each tablet is 125mg , an 80 kg man with extensive tinea cruris will take 8tablets/day
      - A child with scalp lesion of 1 month duration,painless boggy swelling with follicular pustules with loss of overlying hair?tinea capitis(kerion)herp
    - yeasts
      - tinea versicolor
        - Itching isn't a cardinal symptom in tinea versicolor
        - Tinea versicolor may be treated by ketoconazole, selenium sulphide, whitefield preparation and zinc pyrithione.
        - Tinea versicolor treated by ketoconazole
        - Tinea versicolor may be treated by ketoconazole, selenium sulphide, whitefield's ointment, zinc pyrithione
      - moniliasis
        - interdigital moniliasis of hand is common between 3rd and 4th fingers
    - mis
      - Kerion is a fungal infection
      - Kerion is a boggy swelling simulating an abscess
      - favus isnt a clinical presentation of a candidal infection
      - Cutaneous lesions of candida: intertrigo-erosio interdigitalis blastomycetica-paronychia-perleche (oral thrush is not cutaneous) (not favus)
      - Onychomycosis is ring worm of nail
      - Favus affects : Scalp.- Nails- Glaborous skin.
      - favus isnt a clinical presentation of a candidal infection
      - Favus affects scalp not nails or glabrous skin
  - parasitic
    - scabis
      - A baby suffering from skin lesions(vesicles on palms and soles and red papules and pustules on trunk and axillae)which made him very irritable to the extent that he couldn't sleep,his mother has scratch marks on arms, breasts and abdomen?human scabies, treatment baby:crotamiton cream, mother:permethrin cream, all family members at the same time
      - Scabies in adults involves wrist, male genitalia, buttocks, flexures,(not H&N,palms&soles,upper back)
      - Scabies is a contagious disease
      - Human scabies treatment: permethrin is safe in pregnancy
      - Animal scabies can be transmitted from human to human
      - Positive family history, Night itching and dstribution of lesions help in the diagnosis of scabies
      - No burrows in animal scabies
      - Animal scabies is self limited and of short duration
      - Animal scabies is extensive type
      - Benzoyl peroxide isn't used in the treatment of scabies, pediculosis, or phthirus
      - scabies can be be a cause of pruritis in pubic area NOT pediculosis capitis
      - scabies isn't a scaly disease
      - Scabies in adults doesn't affect upper back
      - Permethrin is safe in pregnancy in treatment of human scabies
      - Scabies is contagious
      - Animal scabies is characterized by : It is more extensive than human scabies, Absence of burrows, Self limiting., Short duration
      - diagnosis of scabies : Positive family history.- Night itching.- Distribution of lesions
      - Post scabeitic nodules may cause itching, aren't located on the back and not treated by antibiotics
      - Post scabeitic nodules never cause itching-usually located on back-treated by antibiotics
    - pediculosis
      - Pediculosis capitis is transmitted by hats
      - Pediculosis is a cutaneous parasitic infection
      - Pediculosis capitis is a cutaneous parasitic infection
  - Leprosy
    - Dapsone is the backbone of treatment of all types of leprosy
    - Leprosy may present with numbness and hypopigmented lesion
    - Best prognosis in leprotic cases is in tuberculoid leprosy
    - Dapsone is the backbone treatment of all types of leprosy
    - leprosy may present with numbness and hypopigmented lesions
    - borderline leprosy has the Best prognosis in leprotic cases
    - Dapsone is the backbone treatment of leprosy
    - Lepromin test is a prognostic, nonspecific test and non-diagnostic test.
- scaling disorders
  - psoriases
    - psoriasis vulgaris is red plaque covered with silvery white
    - flexural areas can be affected in psoriasis, candidiasis and dermatophytes
    - severe generalized psoriasis and hepatic cirrhosis is best treated by narrow band UVB
    - Occlusion increases the action of topical steroids in psoriasis
    - Primary lesion of psoriasis is Red papule covered with nonadherent silvery white scales
    - Psoriasis may present by : erythroderma-Flexural affection.- Joint affection.- Pustular eruption- nail pitting(not bullous lesions)
    - Flexural areas affected in: psoriasis-candidiasis-dermatophytosis
    - Red plaque covered with silvery white scales,upon removal of scales bleeding points appear: psoriasis vulgaris
    - Severe generalized psoriasis and hepatic cirrhosis treated by narrow band UVB
    - Well defined scaly erythematous plaques over elbows and knees,the scales were silvery white and loose?skin psoriasis ,treatment:anthralin,phototherapy,steroids,laser
    - 1ry lesion of psoriasis is red papule covered with non-adherent silvery white scales
    - Occlusion increases action of topical steroids in treatment of psoriasis
    - Clinical types of psoriasis: erythrodermic, pustular, arthropathic, guttate, flexural, scalp
    - Psoriasis: decrease of epidermal turnover time, increase rate of turnover
  - pityriasis rosea
    - Pityriasis rosea Is a viral exanthema
    - Herald patch is 1ry lesion of pityriasis rosea
    - pityriasis rosea:non-infectious scaly erythema, it is viral exanthema,non-recurrent, affects trunk &limb proximals
    - Herald patch is a feature of ptyriasis rosea not of ptyriasis rubra pilaris
  - lichen planus
    - No pustular type in lichen planus
    - Primary lesion of lichen planus
    - Types of lichen planus: actinic-annular-atrophic-hypertrophic
    - lichen planus tropicus responds to antimalarials
    - Well-defined flat topped polyangular violaceous itchy papules are the 1ry lesion of Lichen Planus
  - lupus erythematosus
    - discoid lupus erythematosus is best treated by Systemic antimalarials + topical steroids
    - No postulation in discoid lupus erythematosus
    - Discoid lupus erythematosus treated by systemic antimalarials and topical steroids

VISIT…

LANZAROTE Caliente.COM